

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-000999

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY

FRANKLIN

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

MISSOURI FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)

WASHINGTON

Length of stay in 1b

12 HRS

c. CITY

OR TOWN

SULLIVAN

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

ST. FRANCIS HOSP

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

405. CHURCH ST.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

THOMAS EDWARD BLANTON

First

Middle

Last

4. DATE

OF DEATH

Month

Day

Year

FEB 9 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

MAY 28, 1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DRIVER

10b. KIND OF BUSINESS OR INDUSTRY

ICE CREAM

11. BIRTHPLACE (City and state or country)

SULLIVAN, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHARLES BLANTON

13b. MOTHER'S MAIDEN NAME

JOSEPHINE WILSON

14. NAME OF HUSBAND OR WIFE

DIVORCED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

JESSE BLANTON

Address

SULLIVAN, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Miaemia

Urinary Obstruction

Hypertrophied Prostate

INTERVAL BETWEEN ONSET AND DEATH

4 days

1 yr

yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cardiac decompensation due to atherosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED (From nature of injury in PART I or PART II of item 18.)

Heart disease

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Feb 4 to Feb 10 and last saw her alive on Feb 9-1962

Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

2/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

Feb 11, 1962

23c. NAME OF CEMETERY OR CREMATORY

BUFFALO CEM.

23d. LOCATION (City, town, or county)

SULLIVAN, MO.

(State)

24. FUNERAL DIRECTOR

H.M.EATON

ADDRESS

SULLIVAN, MO.

25. DATE RECD. BY LOCAL REG.

2/9/62

26. REGISTRAR'S SIGNATURE

Lula C. Huchman

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harrison M. Eaton

Licensed Embalmer No.

4192

P. O. Address

Sullivan, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.